

H1N1 Provider Briefing

Date: October 26, 2009

To: All Healthcare Providers

From: Director of Health, David R. Gifford, MD, MPH

Re: Information on H1N1 in Rhode Island

Local Influenza Activity Level: Widespread¹; H1N1 predominant circulating strain

Rhode Island²: 18 hospitalized cases, 0 deaths

Sentinel Surveillance (% of visits due to influenza-like illness)³: Rhode Island: 2.3%, New England

Region: 2.5%, Nation: 7.1%

Tamiflu prescription monitoring

HEALTH is partnering with Surescripts to continue monitoring statewide prescribing of Tamiflu throughout the flu season. Apparent inappropriate prescribing will be referred to the Board of Medical Licensure and Discipline for investigation. To read the CDC's recommendations for antiviral medications, including dosing recommendations for treatment or chemoprophylaxis of H1N1 infection, see http://www.cdc.gov/h1n1flu/recommendations.htm.

Specimen collection requests from HEALTH

Providers should collect a specimen for H1N1 influenza testing from any patient who presents to a practice with a test kit from HEALTH. The test kit will contain a memo from HEALTH explaining that the specimen is being requested to assist in identifying a potential institutional outbreak. Providers should collect and refrigerate requested specimens according to the instructions enclosed with the test kit. They should then phone the HEALTH Laboratory at 222-5538 to arrange for a courrier pickup. Participating sentinel physicians should conduct these tests in addition to the specimens that they are already routinely sending for surveillance. Providers with any questions regarding lab testing or courrier pickup should call 222-5538.

H1N1 vaccination for pregnant women

A limited supply of H1N1 vaccine, either with preservative or trace amounts of preservative, has been delivered to Rhode Island's birthing hospitals for pregnant women. Some of this vaccine will be used for hospitals' inpatient pregnant populations and some will be distributed to local prenatal care providers who placed orders for the vaccine. We expect to receive additional shipments of preservative-free vaccine sometime in mid to late November and will continue receiving shipments throughout this flu season.

Pregnant women may call their healthcare providers to schedule an appointment to receive the vaccine beginning Monday, October 26th. Post-partum women still under the care of their obstetricians can get vaccinated against H1N1 at their obstetricians' offices as well. For more information about H1N1 vaccination for pregnant women, see http://www.health.ri.gov/flu/for/pregnantwomen/.

School-based H1N1 vaccination clinics

HEALTH has scheduled school-based H1N1 vaccination clinics to occur over a 28-day period starting in the first week of November. Given the amount of vaccine that Rhode Island will receive each week, this schedule allows HEALTH to vaccinate as many students as possible in the shortest period of time. There will be no

¹ Rhode Island reported Widespread activity for the week of October 11 to October 17, 2009. Influenza is circulating in all 5 regions of the state. For details see http://www.health.ri.gov/flu/about/surveillance/.

² Influenza-associated hospitalizations and deaths since September 1, 2009

³ Influenza-like illness activity reported by 27 sentinel surveillance sites from October 11 to October 17, 2009

charge for students to receive the H1N1 vaccine in school clinics. While the order in which vaccine will be delivered to schools is fixed, the dates of clinics are subject to vaccine availability and may change slightly. Children cannot receive vaccinations in schools without signed and dated consent forms. For school-aged children who do not get this vaccination in school, it will not likely be available in physicians' offices or in other clinics until late December. The school clinic schedule was developed using a randomized, computer-generated process. Parents of school-aged children can view the school clinic schedule and download vaccine consent forms at http://www.health.ri.gov/flu/about/schoolh1n1clinics/index.php. Frequently asked questions about the school-based vaccination program and schedule are also available at http://www.health.ri.gov/news/H1N1Advisories/FrequentlyAskedQuestionsAboutTheSchoolBasedVaccinationProgramAndSchedule.pdf.

H1N1 vaccination for kindergartners

Although most of Rhode Island's kindergartners attend elementary schools and will be vaccinated in clinics organized by their school districts, some children attend kindergarten in preschool settings. Because H1N1 vaccinations will not be offered in these schools, these kindergartners should receive the H1N1 vaccine from their pediatricians or family physicians. Pediatricians and family physicians should vaccinate children who attend private/independent kindergarten programs now, even if they are over the age of 5 years.

National emergency declaration

President Obama's declaration of H1N1 as a national emergency last Friday allows the U.S. Secretary of Health and Human Services to waive certain federal rules for hospitals, permitting them to set up alternate treatment sites for H1N1 patients if necessary. Rhode Island has already established medical surge plans in anticipation of increased hospital visits during this year's flu season. If Rhode Island hospitals need to open alternate care sites for patients, their licenses will be expanded to include these pre-identified facilities. As such, the national declaration will not change Rhode Island's established H1N1 emergency response plan.

Emergency Use Authorization for intravenous peramivir

The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) for the investigational intravenous antiviral medication peramivir. IV peramivir is authorized <u>only</u> for hospitalized adult and pediatric patients for whom therapy with an IV drug is clinically appropriate. To read the EAU, see http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM187811.pdf.

Weekly HHS/ASPR-CDC conference calls

The Centers for Disease Control and Prevention (CDC) and the US Department of Health and Human Services (HHS) are offering weekly nationwide conference calls on the diagnosis and treatment of H1N1 in critically ill adult and pediatric patients. Calls will consist of brief case presentations by practicing clinicians; a 10-15 minute update on H1N1 epidemiology, diagnosis and treatment; and a 30-35 minute question and answer session. The next call is scheduled for Wednesday, October 28th at 3 pm, and all clinicians are welcome to participate. Continuing medical education credit for participation in the call will be offered through the CDC. The call-in number for this call is 888-283-2960, and the passcode is 3659803. An mp3 audio file of the call will also be available at https://www.emergency.cdc.gov/coca/confcall_archive.asphttps://www.emergency.cdc.gov/coca/confcall_archive.asp.

H1N1 vaccine safety

The H1N1 vaccine is just as safe as the seasonal flu vaccine. It has been manufactured, tested, and licensed using the same process and facilities used for seasonal flu vaccines. Vaccination is the best way to prevent illness from H1N1 and to prevent spreading the virus to people at high risk of flu-related complications. To read more about H1N1 vaccine safety, see

http://www.health.ri.gov/news/H1N1Advisories/H1N1FluVaccineSafety.pdf and http://www.cdc.gov/h1n1flu/vaccination/vaccine safety qa.htm.

Resources

- HEALTH at http://www.health.ri.gov;
- Archived partner briefings and regular news updates: http://www.health.ri.gov/news/flu/
- H1N1 Information Line (M-F 8:30am- 4:30pm) 401-222-8022
- H1N1 email address h1n1@health.ri.gov
- http://www.flu.gov